14.c. Intermediate care facility for the mentally retarded (ICF/MR) services.

See Attachment 4.19-D.

15. ~~Intermediate care~~ Nursing facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)~~(a)~~ of the Act, to be in need of such care.

See items 15.a. and 15.b.

15.a. ~~Intermediate care facility~~ Nursing services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)~~(a)~~ of the Act, to be in need of such care.

See Attachment 4.19-D

15.b. Intermediate care facility services (other than such services in an institution for mental diseases) in a public institution (or distinct part thereof) for persons with mental retardation or related conditions.

See Attachment 4.19-D.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

See Attachments 4.19-A and 4.19-D.

17. Nurse-midwife services.

Nurse-midwife services are paid using the same methodology as item 5.a., Physicians' services.

18. Hospice care (in accordance with section 1905(o) of the Act).

Payment is determined using basic payment rates for four levels of care and payment for physician services. Additional payment of a room and board amount is made for nursing home residents.

The fixed daily rates for the following four levels of care are determined using Medicare payment methodology except that no copayments are deducted.

(1) Routine Home Care Day
(2) Continuous Home Care Day
(3) Inpatient Respite Day
(4) General Inpatient Day

The fixed daily rates are designed to pay the hospice for the costs of all covered services related to the treatment of a recipient's terminal illness, including the administrative and general supervisory activities performed by physicians who are employees of or working under arrangements made by the hospice.

Payment for room and board for hospice patients residing in long term care facilities is based on 95% of the case mix rate determined in accordance with the Medicaid payment methodology contained in Attachment 4.19-D. Payment is made to the hospice provider.

Payment for physician services not included in the fixed daily rate is based on the usual Medicaid payment methodology for physician services contained elsewhere in this Attachment. If the attending physician is an employee of the hospice or is providing services by arrangement with the hospice, the hospice is paid for the physician services. If the attending physician is not a hospice employee, payment is made directly to the physician provider in accordance with the usual Medicaid payment methodology for physician services contained elsewhere in this Attachment.

The limits and cap amounts are the same as used in the Medicare Program except that the inpatient day limit on both inpatient respite care days and general inpatient care days does not apply to recipients afflicted with acquired immunodeficiency syndrome (AIDS).

19. Case management services as defined in, and to the groups specified in, Supplements 1 and 1a to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act.

See items 19.a. and 19.b.

19.a. **Case management services** as defined in, and to the group specified in, **Supplement 1** to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

~~Payment is the lower of:~~

~~(a) submitted charge; or~~

~~(b) $.50 per one minute of service for recipients age 18 and older and $.75 per one minute of service for recipients under age 18.~~

~~This payment shall be adjusted consistent with revisions made by the legislature.~~

Payment is made on a monthly basis. Costs associated with mentoring, supervision and continuing education may be included in the monthly rate. Payment is limited to the components listed in **Supplement 1** to Attachments 3.1-A/B, "Definition of Services."

1. The monthly rate for case management services provided by **state or county staff** is based on an aggregate of time spent performing all elements of case management services. There are separate rates for adults and children.

2. The rate for case management services provided by **entities under contract with a county** is based on the monthly rate negotiated by the county. The negotiated rate must not exceed the rate charged by the entity for the same service to other payers.

   A. If the service is provided by a team of contracted vendors, the county may negotiate a team rate with a vendor who is a member of the team. The team must determine how to distribute the rate among its members. No payment received by contracted vendors will be returned to the county, except to pay the county for advance funding provided by the county to the vendor.

19.a. **Case management services** as defined in, and to the group specified in, **Supplement 1** to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

B. If the service is provided by a team which includes contracted vendors and state or county staff, the costs for state or county staff participation in the team must be included in the rate for county-provided services. In this case, the contracted vendor and the county may each receive separate payment for services provided by each entity in the same month. In order to prevent duplication of services, the county must document, in the client's file, the need for team case management and a description of the roles of the team members.

Rate Methodology for County and State Staff:

Beginning July 1, 2000, a statistically valid random moment time study, Minnesota's Social Service Time Study (SSTS), is used to construct a monthly rate for mental health case management services. The SSTS separates time of all direct service staff into a number of categories that constitute allowable mental health case management activities and other, unallowable activities. The proportion of allowable to total activities, when multiplied by the overall provider costs, establishes the costs of mental health case management activity.

The percentage of time spent by service staff on allowable mental health case management services for children and adults is applied to the annual costs of providing social services, and divided by twelve to arrive at the eligible cost per month. These figures are divided by the average number of children and adults who received mental health case management services per month. The result is two separate, monthly payment rates for mental health case management, one for children and one for adults.